### THE LIFELINE TO HEALTH

Vol. 1, No. 1

For the 18th Medical Command Community

Spring 2004

### IN THIS ISSUE COVER:

Chemical Protective



PAGE 2: Leaders Speak

### PAGE 3:

106th MED DET and Food Safety

### PAGE 4:

Pharmacy makes it easier to get prescriptions

### PAGE 5: In the Field

52nd and 618th



PAGE 6: Soldier / Medic

Barracks Lawver &

Destinations BACK PAGE: Announcements



### 168th tests CPBS

Soldiers from A Co., 168th Medical Detachment demonstrate loading a simulated casualty into the Tunnel Airlock for a Litter Patient (TALP) Photo Credit: Photos by Yu, Hu Son

### Story by PFC Robbie McCarty

The 2nd Infantry Division fielded a new type of medical tent, the Chemical Protective Biological Shelter (CPBS), during a medical exercise held at Camp Red Cloud Feb. 8.

We are the first unit on the peninsula to get this," said SGT Alba Ayala, a medic from A Co. 168th Med. Det. "We've been treating Soldiers here to gain experience in this environment.'

Medics and physician assistants from A Co., 168th Medical Detachment treated Soldiers on sick call and conducted routine operations during the exercise in order to familiarize themselves with the new tent and develop techniques and procedures for operating in

The tent is designed to keep toxins out so Soldiers on the inside have a sterile area in which to work, said A Co. 168th Med. Det. Medic PFC Michael Watts. The tent is filled with purified air and is pressurized to five pounds per square inch, making the pressure greater on the inside than on the outside, he said.

An Environmental Control Vehicle (ECV) powers the

Environmental Control Unit (ECU), which is mounted in the roof of the vehicle's cab. The ECU purifies the air and inflates the tent. The  $tent\ is\ connected\ to\ the\ truck, and, with\ help\ from\ Soldiers, balloons$ from out of the back.

The tent itself is called an Air Beam Shelter. It is supported by four beams to give it the strength to stand. It has an igloo shape with one exception. A circular tube juts out from the front next to the door. This is called Tunnel Airlock Litter Patient (TALP). The TALP is used to admit patients on a litter, or a stretcher, into the tent. It is pressurized so that when the patient is placed into the TALP, the air blowing into it helps clear the patient of contaminants.

Soldiers on the inside observe the patient while they watch a chemical agent monitor to ensure the patient is decontaminated prior to entering the tent. On the outside of the door of the TALP is a dial that is set for three minutes. Once the three minutes is up, the Soldiers on the outside signal inside and the medical personnel there will tell them if the patient needs to stay in the TALP another three minutes.

 $\hbox{``Ithink this is outstanding,'' said ACo. Commander CPT Matthew}\\$ Clark. "It increases our flexibility and provides the Soldiers hope and comfort. We're medics, that is what we are here to provide.

The CPBS doesn't have to be used in a chemical or biological environment, said Clark. It can be used anywhere and will be utilized to the fullest, he said.

"What's really great is that we are a part of creating the doctrine in using the CPBS," said Clark. "We're working on things like hand signals and other small things like that to work out the best procedures

Watts and his fellow Soldiers like it a lot themselves.

"This thing is so much easier to assemble and take down," he said. "We can get this thing up in about 20 minutes. That is a whole lot faster than the GP (General Purpose) tents we have been using. And these are warmer and cleaner. This is really going to be an asset. "We're glad to get this, but it doesn't really matter who gets it first," said Clark. "We are all on the same team. We want to help people all the time. This new facility will help us maintain our fight tonight attitude.



### COLONEL PHILIP VOLPE, COMMANDER, 18th MEDICAL COMMAND

I appreciate the great work that everyone is doing in preparation for the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Survey. It has taken a lot of attentiveness from each of you, and for that we will be ready when the survey team arrives.

I would also like to commend the efforts of the 618th Theater Dental Command, our leaders and service members for a strong commitment to Dental Readiness. We have almost reached the "success level" for Dental Readiness. 18th Medical Command is at 98% and we need to continue to reach for higher marks. Keep moving forward and a job well done.

Soldiers, I need you all to take a step back and take a hard look at Good Order & Discipline in your ranks. Take pride in your units, in your work areas, and those in and around you. Understand that proper courtesies & customs are reenforced with Soldier-like behavior & discipline. All allegations of misconduct, including violations of the smoking policy (Policy Memorandum Number 17), will be addressed firmly and fairly under applicable law and regulations. With the ROK

National Assembly elections on the horizon (15 April), it is extremely important that there are no incidents that would "highlight" USFK or Americans in a negative image while assigned in Korea.

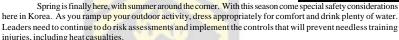
The "right to vote" is the centerpiece of a democracy and is what we as Soldiers fight to maintain and defend. If you have not registered to vote – register! (See your voting assistance officer or NCO.) I also encourage you to support this year's Army Emergency Relief (AER) Fund. Monetary donations to the AER are an outstanding way to show support and to help fellow service members in times of need. Your donation to AER may be just the help you need in an emergency situation.

As always, remain vigilant. Continue to stay focused, be alert, and practice safety. Pay close attention to the Off-Limit Establishments list and be mindful of the peninsula wide curfew. Use common sense and practice the buddy system when traveling off-post. BE SAFE!

Lastly, CSM Stephen Jackson, the 18th MEDCOM Command Sergeant Major will be Changing Responsibility and retiring on 07 May 2004. I encourage each of you to help bid our Command Sergeant Major farewell. There will be Farewell Social open to every one on 06 May at the Dragon Hill Lodge from 1730 –1900 hrs. Come out and say your last goodbyes to over very best, CSM Stephan Jackson! HOOAH.

### CSM STEPHEN JACKSON, Command Sergeant Major

There are some uniform changes for all U.S. Soldiers. Everyone should have gotten the message by now that the wear of the reverse side U.S. Flag on the BDU is now required for all U.S. Soldiers. Soldiers may have the flag sewn on at any time as they become available. Units will supply enlisted Soldiers with five patches (four for BDUs and one for the field jacket); officers may purchase theirs at Clothing Sales. Wear is required by October 2005. Soldiers participating in upcoming Change of Responsibility and Change of Command formations must have them sewn on to meet earlier suspense dates. We also have three new medals—the Korean Defense Service Medal, the Global War On Terrorism Service and Expeditionary Medals. Check with your S-1 if you are uncertain about your authorization.



Summer surge here means a lot of new Soldiers, unfamiliar with Korea. Make sure that we are sponsoring Soldiers well. Orient them to the unit, and make sure they know the things that keep them out of trouble. Every Soldier needs to know, and leaders need to emphasize, the curfew hours, what places are Off-Limits, the legal drinking age, and how to contact their supervisor and unit in an emergency. Get new Soldiers involved in the unit and its functions, and get them out to see Korea (outside of the shopping district right off post).

In addition, during this period of political turmoil in our host nation, we need to make sure all of our Soldiers maintain a heightened state of awareness for civil disturbances. Exercise common sense and avoid demonstrations and the well-known hot spots in your areas.

As always, do the right thing, stay safe, and look out for your Buddy.



### NCO of theQuarter

SGT Enrique Carrion Medical Supply NCO A Co., 16th MEDLOG





Soldier of the Quarter

PFC Danny Black
PAC Clerk
HHC 18th MEDCOM

KATUSA of theQuarter
PFC Jae-Min Kim

PFC Jae-Min Kim Medical Supply Spec. A Co., 16th MEDLOG



\*\*\* CONGRATULATIONS \*\*\*

### COL PAUL CLARK, 18th MEDCOM CHAPLAIN

A recent poll conducted by Newsweek concludes that 84% of Americans think that praying for the sick improves their chances of recovery. This same poll found that 70% of Americans say they pray often for the health of a family member. Americans, according to this survey are asking their doctors for prayer. Many medical care providers pray for and with their patients. Some may say that any benefits that occur are just mental. However, many have come to recognize that what happens in our minds can be as important as what happens in our body.

Newsweek article God & Health published 10 NOV 03, shares these insights.

Many doctors are embracing the God they banished from the clinic long ago in favor of technological and pharmaceutical progress. The medical community is looking into the kind of impact that prayer and faith has upon their patients' recovery. Population studies reveal physical benefits as a result of regular church attendance. Brain scans of people deep in prayer show changes are real. Churchgoers live longer and are less depressed as a compared to non-churchgoers. A Duke University researcher, Dr. Harold Koenig believes that a growing body of evidence points to religion's positive effect on health and that keeping spirituality out of the clinic is firesponsible.

Life is real; life is the earnest so says Longfellow. We must all deal seriously with our lives. God is real; placing our faith in him is wise, in my opinion. Our hope/trust in him produces positive tangible benefits. Science has its place and boundaries. God's power and love knows no limitations. God's word instructs us to pray, and many can verify the fact "Prayer still changes things."



THE LIFELINE is an authorized publication (AR 360-1). Contents are not necessarily the official views of, or endorsed by, the U.S. Government, Department of Defense, Department of the Army, or 18th MEDCOM. Editorial staff is located in the 18th MEDCOM Public Affairs Office, 121st General Hospital, Yongsan Garrison, Seoul Korea.

DSN 737-6890

Editor/Public Affairs Officer 2LT Kelly Seiber

Editorial Staff SPC Jason Youngdahl

The 18th MEDCOM Public Affairs Office Staff welcomes your comments. All correspondence concerning this publication, to include letters to the editor, ask the Barracks Lawyer, or article submissions can be sent to:

18th MEDCOM Public Affairs EAMC-PAO Unit 15281 APO AP 96205

### **Theater Veterinary Command Ensures Food Safety**

By COL Bob Walters Commander, 106<sup>th</sup> Medical Detachment (VS)

The Theater Veterinary Command, 18th MEDCOM, provides veterinary services across the peninsula in support of US Forces Korea. The initial picture of the veterinarian and the veterinary technician is one of animal care in a veterinary clinic. Whereas that may be the most visible part of the job, here in Korea there are also veterinarians and veterinary technicians providing food safety, security, and quality inspections to ensure health and readiness of the command every day, from the DMZ to

The food safety and security mission is often performed behind the scenes at warehouses and commissaries, in commercial establishments, at ports of entry for food into Korea, at dining facilities and restaurants, and in the field. This mission is US Forces Korea wide and includes support to the Army, Navy, and Marines as well as coordination of support with the Air Force. The veterinary food inpectors perform this day in and day out, at any time of the day or night, on any day of the week. They perform their missions as part of the Armistice healthcare support and, just like the medical personnel at the hospital, perform this mission while maintaining field skills to be able to transition to hostilities should that need arise.

Food safety and security begins with inspection of commercial Korean facilities that we procure local items that you see at the commissary. At destination, inspectors verify that these products actually did originate from one of these approved facilities. The same food safety and security mission applies at the ports of entry where these inspectors verify the origin of food destined for USFK and validate container security as part of the increased emphasis on prevention of terrorist acts. Inspections always include product wholesomeness to protect consumer safety. The inspectors are trained on quality aspects of the entire variety of products we receive. They ensure both acceptability of the product and verify that the quality US Forces Korea has paid for is the quality we receive.

Our veterinary food inspectors and veterinarians conduct sanitary inspections and audits of storage warehouses and commissaries to ensure that high levels of sanitation and food handling procedures are maintained. They conduct surveillance inspections of products in storage to assist food managers in rotation procedures and provide guidance on shelf life of these products. Inspectors interact with dining facility and restaurant managers to provide training on food condition and quality and maintain open communications to address potential issues of product wholesomeness. "The best part of food inspection is that I'm helping provide a safe product for the soldiers and their families," says SGT Rodney



(A fresh batch of oranges get checked at the Yongsan main commissary.)

(SGT Rodney Robinson and SPC Song Kim inspecting meat.)



Robinson the NCOIC of  $3^d$  squad,  $106^{th}$  Medical Detachment.

Here in Korea we have an additional tool regarding quality and wholesomeness. The veterinary food laboratory at Yongsan conducts food testing to routinely monitor product quality as well as the safety of potentially hazardous foods. Tests conducted at this laboratory include surveillance of quality indicators to ensure freshness of products and more importantly to detect any potentially harmful bacteria that could be present. Results of these tests are maintained in a database that serves as a quality history record for different areas and vendors which then allows us to focus resources on potential problem areas to further enhance our efforts to do our part in maintaining the health of the command

Another very important aspect of these inspectors' mission is to maintain close liaison with any establishment that sells or issues food. The news is rife with articles throughout the course of the year about food recalls that are issued by US Department of Agriculture, the Department of Defense, or commercial companies. Our veterinary food inspectors have a specified mission to ensure that for each of these recalls, they verify within 24 hours that the product is either not in US Forces Korea or if it is, that the product is identified, segregated, and placed in a secure location where it cannot be sold or issued. They will then work with the facility manager to ensure the product is disposed of properly so that it does not end up in the food supply

Theater Veterinary Command veterinary food inspectors conduct these missions across the peninsula from locations at Camp Red Cloud, Yongsan, Osan and Camp Humphries, Camp Walker in Taegu, and Camp Hialeah in Busan. They spend a great deal of time on the road and you may find them on any given day from the Joint Security Area compound to Chinhae or Pohang, perhaps they will be at a Korean commercial bottled water facility or conducting an MRE inspection for a 2ID field location near the DMZ. Wherever they are on that day though, they will be executing the 18th MEDCOM mission of protecting the health of the command.

## 106th Medical Detachment

### 121st General Hospital

Lessen the Hassle of Filling Prescriptions at  $121^{\rm st}$  General Hospital

By MSG John Linebaugh

Filling a prescription can be a hassle sometimes. There are several things you can do to help avoid an unpleasant visit to your local pharmacy which involve simple communication. "Typically, people are surprised when filling prescriptions, because they think 121 General Hospital is a Medical Center with a large list of drugs in supply, but, in fact we are a Combat Support Hospital with a much smaller list of drugs on hand," said MAJ Todd Williams, Pharmacist, 121 General Hospital.

Examine a few tips to make your visit to the pharmacy "painless" and maybe even enjoyable:

Contact the pharmacy before you see the doctor. The pharmacy will have the most current information on which medications are available and which medications have various prescribing restrictions. Call us if you have a written prescription, a prescription from the States, or a prescription you are bringing from another military installation. We cannot honor a refill from a civilian pharmacy like Walgreen's or Rite Aid; however, we can offer solutions on how to get the medications you need or an acceptable alternative.

In most instances we can provide you a one time "courtesy" refill with a 30-day supply of your medication(s) if the prescription is from another military installation and it's stocked on our shelves. This will allow you time to see a physician locally and have your prescriptions renewed

Strongly recommend that before you leave your duty station in route to a new duty station, you ask the pharmacy service for a 30-day supply on all of your prescriptions. This will help you avoid running out of an important medication while traveling and it will allow the

Medical Treatment Facility (MTF) and the pharmacy at your new duty station time to respond to any special medication needs you have upon your arrival to Korea.

Bring your identification card and the patient's I.D. card if you're picking up a prescription for a family member. The Privacy Act, Federal Law, and Army Regulations require the patient's I.D. card be presented when picking up a medication prescription. Family members who are over the age of 10 years old should have a military I.D. card. Be prepared to show proper identification at the pharmacy

window. Pay patients must present a valid Notification Note from the Uniform Business Office (UBO) for that day from Patient Administration Division (PAD) 737-3685.

Bring the empty bottle or container with the prescription label on it if you are bringing in a refill. This will help the pharmacy staff process your refill by providing a "link" or "trail" from your last refill. We do our best to provide high quality health care and every tidbit of information to help us achieve this goal is useful.

Ask questions about all of your medications—not just the prescriptions you are picking up at the time. Please make sure you fully understand how to correctly take your medication(s) or administer the medication(s) to a family member. We have Korean-speaking staff to help with Korean family members or prescriptions from local physicians.

Following the directions on the label with the instructions from the doctor and the pharmacist are very important to having a successful treatment outcome.

Keep good records of your prescription and medication history. The prescription number, the name of the medication, and the name of the doctor who prescribed it are the most important pieces of information for the pharmacy to help solve a medication "mystery".

Use new alternatives to getting your prescriptions refilled. 121st offers an automated telephone refill service that you can call anytime to request a refill. The number is DSN 737-7939 or 0505-737-7939 from off post. Refills processed using this system are typically ready for pick-up the next business day. We also offer an internet refill service that you can use http:/www. seoul.amedd.army.mil and look for the Internet Refill Service link on the left side of the page. Patients can consider using the Tri-care Mail Order Pharmacy Program as another means to having new prescriptions and refills processed. For more information on the Tricare Mail Order Pharmacy Program log on to www.pec.ha.osd.mil/TMOP/ TMOPhome.htm or www.expressscripts.com

If you have any further questions or you have specific or unique prescription circumstances please contact the Department of Pharmacy at the 121\* General Hospital. We can be reached at DSN 737-7993/7984 or 0505-737-7993/7984 from off post. You can also visit us on the web at <a href="https://www.seoul.amedd.army.mil">https://www.seoul.amedd.army.mil</a> and click on "Internet Refill Service".



SGT Mark Sigler and SPC Lorna Rapa fill and dispense prescriptions at the 12 General Hospital Pharmacy.

### How safe are low-carbohydrate diets?

by 2nd Lt. Susan Campbell, Nutrition Care Division

Brooke Army Medical Center, Texas

Today there are many popular diets that people claim help them to lose weight. One diet that receives much press is the low-carbohydrate, high-protein diet. Many Americans swear by this diet and claim to have lost unbelievable amounts of weight on it.

This diet strictly limits the amount of carbohydrates to less than 100 grams daily, allows unlimited amounts of protein, without restricting the amount of dietary fat consumed. Many people enjoy this because they can consume as much meat and fat, as they desire. However, there is some evidence that this diet may have negative impacts on the body and may not be the most efficient way to lose weight.

Carbohydrates are a necessary part of a healthy diet because they give the body the energy it needs for physical activity and to keep the organs working correctly.

### Disadvantages to the low-carbohydrate diet:

Low-carbohydrate diets limit the amount of foods that one can consume. This can discourage dieters about losing weight because many must abstain from some of their favorite foods.

Limiting a food group, or several, as is the case with the low-carbohydrate diet, will also limit essential nutrients common to those foods.

Americans have developed a false notion that carbohydrates are the culprit behind weight gain and increases in body fat when actually carbohydrates are necessary and important. However portion sizes must be moderated or controlled for the diet to work.

In fact, the American Dietetic Association recommends the average adult consume approximately 45 to 65 percent of daily calories from carbohydrates, 20 to 35 percent from fat, and 10-35 percent from protein. Carbohydrates are more readily available energy sources for the body than protein and fat.

Current research suggests low-carbohydrate diets cause weight loss because participants tend to consume fewer calories overall. Eating a high-protein and high-fat diet is associated with high satiety levels due to fat and protein taking longer to empty from the stomach.

The significance behind these findings is that similar weight loss can also be realized when following a low-calorie, but more balanced, diet including carbohydrates. Many people gain the weight back as soon as they resume eating larger portions of their normal foods. They are not losing a lot of body fat long-term.

### Low-carbohydrate diet long-term effects:

Long-term adverse effects on the heart are the greatest concerns with these diets. Low-carbohydrate diets rely heavily on protein foods, which are often high in saturated fat. Saturated fat is associated with increased levels of low-density lipoproteins (LDL) or "bad" cholesterol in the body, which according to the American Heart Association increases the risk of heart disease and stroke.

Long-term effects of this diet may have greater implications for individuals with a family history of cardiovascular disease. In fact, both the American Heart Association and the American Dietetic Association recommend a diet rich in fruits, vegetables, whole grains, low-fat dairy products, lean meats, poultry, and fish.

A diet extremely high in protein can also have harmful effects on the body by putting additional stress on the kidneys. These high-protein diets force the kidneys to rid the body of excess waste products of protein and fat, called urea, ammonia, and ketoses. If these waste products build up in the blood it can lead to a condition called gout or to kidney stones.

Gout is a painful swelling of the joints. A high-protein diet may also increase the risk for osteoporosis (weakening of the bones) in women and men.

### Healthy method of weight loss:

Unfortunately, there is no instant method for weight loss. The only way to lose weight is to create a calorie deficit by burning more calories than one consumes.

Exercising more, reducing portion sizes or both can achieve this. Diets low in saturated fat and high in fruits, vegetables, and whole grains can help achieve a healthy weight and help lower the risk for cardiovascular disease.

The Food Guide Pyramid is a good reference to use if wanting to consume a more balanced diet.

Healthy weight loss is characterized by losing about one-half to two pounds a week according to the Dietary Guidelines for Americans.

Before starting any weight-loss or exercise program, one should consult with a doctor to ensure safety, especially if any health problems are present.

### Tips for weight loss:

- Drink plenty of water.
- —Increase fiber intake (whole grains, fruits, vegetables, etc.).
- Drink soft drinks, alcohol, and juices sparingly.
- Analyze food labels for fat and calorie content.
- Reduce the amount of butter, margarine, and oil used in cooking.
  - —Consume low-fat dairy products.
  - Reduce intake of simple sugars (candy, desserts, etc.).
  - Exercise

While it is important to consume carbohydrates, it is also important to not eat them in excess. Consuming too much carbohydrate, protein, or fat will cause an increase in weight and body fat.

The important point to remember is to balance the amount of physical activity with the amount of food consumed to achieve a healthy weight. For more information about eating healthy, visit <a href="http://www.eatright.org/or.http://www.americanheart.org/">http://www.americanheart.org/</a>

ABOVE - Theater Dental Command (618\*) soldiers deploy and establish area of operations at TAA Tom, near Wonju. BELOW- For the 618\*, field dentistry under combat conditions was one of the major focus areas during the TF Ji multi-echelon FTX



### Theater Dental Command (618th) Maintains Combat Focus during the Task Force Ji Field Training Exercise

By CPT Matthew Peterson XO, Theater Dental Command

During the 18th MEDCOM multiechelon FTX, known as Task Force Ji, the Theater Dental Command (618th) demonstrated its ability to transition to hostilities. The entire Command, from 8-12 March 2004, deployed to simulated wartime locations across the Korean peninsula and set up operation. Dental Forward Sunport Teams (DFSTs) established field dental treatment sites in various locations within the ROK, including Camp Walker, Camp Carroll, and Camp Humphreys. In addition, the headquarters section deployed from Yongsan to Camp Walker with two of three platoons being attached to TF 52nd with the function of establishing area support in Training Area Tom, vicinity Wonju.

Headquarters was able to command and control the DFST teams throughout the week-long exercise, sending and receiving various reports; tracking everything from personnel, weapons, dental treatment conducted, and logistics status'. The DFSTs established treatment capability and successfully treated real-world patients in the field. After one week, the command recorded over 46 patients treated, to include exams, cleanings, fillings, and minor surgeries.

Overall, the exercise was extremely successful. The Theater Dental Command (618h) was able to test some of its goto-war systems in a simulated, operational environment that included all echelons of the 18h Medical Command. This was done while still maintaining the ever-present armistice health care mission and ensuring comprehensive care to all beneficiaries within the Republic of Korea.

 $\begin{array}{l} By\,PFC\,Michael\,Bicek\\ HHD,\,52^{nd}\,Med\,Evac\,Bn \end{array}$ 

Field exercises are great experiences for soldiers in the ROK. But when it's an evaluation, things are even more stressful. In the case of Yongsan Garrison's 52 <sup>nd</sup> Medical Evacuation Battalion with companies and attached units all over the peninsula, soldiers have to come together as a team to perform their mission to standard.

Task Force 52 External Evaluation (EXEVAL) began on March 7, and lasted until March 12. During the EXEVAL, soldiers were tasked to deter forces from a mock city, which represented modern day North Korea, and maintain the international border between the mock city and the imaginary Republic of Kingston (ROK). The Task Force 52 mission was to provide integrated comprehensive combat health to support the Republic of Kingston and 8th Army across the full spectrum of operations while continuing to maintain home station armistice coverage at separate sites. Soldiers that made up TF 52 were from the five medical companies, of the 52nd Medical Evacuation Battalion along with attached personnel from Dental, Preventive Medicine, Logistics, and Veterinary companies of the 18th Medical Command.

During the exercise many challenges were faced. 18th Medical Command Observer Controller and evaluators injected several training scenarios, which added realism to the exercise. Upon arrival at the staging area, the only road in and out of the staging area was covered with snow, making it very difficult to drive tactical vehicles up hill.

The Task Force 52 Sergeant Major, CSM Nua took charge and had all soldiers use their Basic Issue Items (BII) and entrenching tools to clear the road of ice. Without hesitation every soldier in sight began shoveling, scraping, and sweeping the ice and snow off the up hill



road. After one hour, most of the road was cleared and vehicles were able to transverse

With the weather conditions at their worse, teamwork and great leadership made the preparation phase of the EXEVAL possible. Soldiers took advantage of the many opportunities to to further practice their MOS's in a field environment, giving them more experience while preparing them for their wartime mission. All in all it was a safe and productive EXEVAL. "TOMAHAWKS TO THE TOP!"









### **Heat Injury Prevention**

With the approach of warmer weather comes the increased risk of heat injuries, injuries which if severe enough can cause permanent brain injuries and even death. Heat injuries are a concern for USFK because summers in Korea are typically very humid, a condition that makes it much more difficult for your body to stay cool.

You can **prevent** becoming a heat casualty by doing the following:

- Reschedule strenuous activities for the cooler parts of the day.
- 2) Stay well hydrated by drinking water throughout the day and not just during strenuous activities.
- Avoid alcohol and caffeinated beverages as both types
  of drinks have dehydrating effects. If you do drink
  alcohol or caffeinated beverages, you will need to drink
  even more water to remain adequately hydrated.
- Eat your meals. It's important to take in enough electrolytes and other nutrients in addition to staying hydrated.
- 5) Pay attention to the weather, specifically the heat stress index, and adjust your activities accordingly.
- Adhere to the recommended work-rest cycles. During rest periods, try to go to a cool, air-conditioned area if at all possible.
- Use sunscreen. Sunburns damage your skin and make it harder for your body to cool itself properly.
- If you're not used to the humidity, give yourself at least two weeks to acclimatize to your new surroundings.

For more information on prevention of heat injuries, please contact the 18th Medical Command Deputy Chief of Staff for Force Health Protection at 736-3025.

### MREs to Contain Xylitol Gum to Fight Tooth Decay

### by Marcella Birk

U.S. Army Center for Health Promotion and Preventive Medicine

Meals, Ready-to-eat (MREs) will soon contain gum that helps reduce tooth decay. The new gum, made with the alternative sweetener xylitol, works by blocking the bacteria that cause cavities. The gum currently provided in MREs contains sugar and can cause tooth decay.

This change in the MREs, approved by the 2004 Joint Services Operational Rations Forum, is partially due to a recent study showing a significant increase in tooth decay for deployed Soldiers.

The 3rd Infantry Division, which deployed to Iraq for six months, returned home with more than two and a half times the number of cavities its Soldiers had before deployment, according to a study conducted in January 2004.

"The amount of tooth decay that occurred in just six months was overwhelming," said MAJ Georgia dela Cruz, public-health dental staff officer at the U.S. Army Center for Health Promotion and Preventive Medicine (USACHPPM) and lead for the 2004 study.

COL Christine Inouye, USACHPPM's Reserve Component

force health protection integrator, and dela Cruz were the driving force behind the change in the gum supplied in MREs.

"We are convinced that this initiative will be one major solution to the dental readiness problem for the warfighters," said Inouye.

"Ultimately, the warfighters are at high risk for dental disease," Inouye said. "More importantly, the xylitol gum will potentially impact 2.68 million Active Component and Ready Reserve Soldiers, Marines, sailors, and airmen while they are deployed in a field environment."

"Deployed Soldiers are at greater risk for cavities because of starchy foods, sugary drinks, and infrequent tooth brushing," said dela Cruz.

MREs contain carbohydrate-rich foods that are essential for energy in a field environment. Unfortunately, oral bacteria use the starches and sugars in these foods to produce acids that cause tooth decay. Xylitol blocks these bacteria, interfering with their ability to "stick" to the teeth to produce damaging acids. Xylitol also increases saliva flow, which helps neutralize any acids and provides calcium to repair any weakened areas of the teeth.

 $COL\ Robert\ Lutka, commander\ of\ the\ Fort\ Benning,\ Ga.,\ Dental\ Activity,\ and\ Navy\ CPT\ N.\ Blaine\ Cook,\ specialty\ leader\ for\ operative\ dentistry\ to\ the\ U.S.\ Navy\ Surgeon\ General\ and\ chair\ of\ operative\ dentistry\ at\ the\ Naval\ Postgraduate\ Dental\ School,\ are\ long-time\ advocates\ of\ xylitol.$ 

"Xylitol has been used by diabetics for years as an alternative sweetener," said Lutka. "It's a safe and effective way to keep Soldiers healthy while deployed."

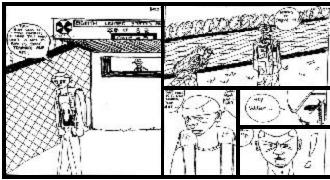
Due to the number of MREs already in stock, xylitol gum will not reach service members' MREs immediately but will be included within 18 to 24 months.

"Don't wait to start using xylitol gum," said dela Cruz. "The gum can be purchased on the local economy and at commissaries, although the choice of flavors may be limited at smaller commissaries. Read the ingredients on the label and make sure that xylitol is the first ingredient. Chewing the gum at least five minutes is extremely important for maximum effectiveness."

 $For more facts about xylitol, click on: \underline{http://chppm-www.apgea.army.mil/dhpw/oralfitness/OralFitnessResourcesFactSheets.aspx.pdf. and \underline{http://chppm-www.apgea.army.mil/dhpw/oralfitness.pdf. and \underline{http://chppm-www.apgea.army.mil/dhpw/oralfitnessResourcesFactSheets.aspx.pdf. appx.pdf. and \underline{http://chppm-www.apgea.army.mil/dhpw.aspx.pdf. appx.pdf. a$ 

# **ARMYBLUE**

CREATOR/ARTIST: CPL KIM, JUNG JAE







### What do you think of wearing the American Flag on the BDUs?



PFC Brandy Ferguson 91K, B co. 16th MEDLOG Summerville, SC



1SG Roberto Torres 91W, B co. 168th Med. Bn. New York City, New York



CPL Aria Jefferson 42A, HQ 106th Med. Det. Dallas, Texas

"I like the idea of wearing the flag on the uniform. But I'm concerned that the colored flag might stand out as a target. I think it should at least be subdued. The battle dress uniform is camouflage for a reason" "I think its a good idea. It has its pro's and con's. We get to wear our country's flag and it helps in a soldierly appearance. But in a tactical enviroment, it might compromise the ability to remain unseen." "I think its a great idea. Like the warrior ethos. It symbalizes the bond that we have as soldiers."

### BARRACKS LAWYER

DISCAIMER: THE BARRACKS LAWYER TRIES TO GIVE CREDIBLE AND ACCURATE INFORMATION BASED ON MILITARY LITERATURE AND YEARS OF EXPERIENCE. THE BARRACKS LAWYER HAS NEVER ATTENDED LAW SCHOOL NOR DOES HE CLAIM TO BE AN EXPERT IN JURISPRUDENCE AND CAN NOT BE HELD RESPONSIBLE FOR YOUR ACTIONS.



Dear Barracks Lawyer,

This is my second tour in Korea, I was here a few years ago and I was awarded the Overseas Service Ribbon. Am I authorized to wear this ribbon if I am now awarded the Korean Defense Medal? Also the literature that I received on how to place the ribbon seem vague. Could you tell us exactly where it is worn?

Confused, "Sergeant Second Round"

SGT 2nd Round,

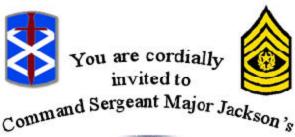
Congratulations on your second tour here in the wonderful Republic of Korea. Your situation is a

fairly common one, Korea is a common assignment and many soldiers end up here more than once in a career. According to a message issued by Military Awards Branch Policy Office, U.S. Army Human Resources Command, "All Soldiers who received the Overseas Service Ribbon (OSR) for service in Korea before 3 Feb 04, are not currently required to relinquish previous awards of their OSRs. Effective 3 Feb 04, IAW para 5-4, the OSR cannot longer be awarded for completion of a normal overseas tour in Korea. Per para 6 of the KDSM message, only one award of the KDSM is authorized for any individual. Multiple awards are not authorized. No appurtenances will be placed on the KDSM to denote multiple awards. Looks like you wear both.

For placement check out: http://armyawards.com/awards.shtml Take care WARRIOR!

If you have a question you would like answered by ther Barracks Lawyer send him a letter:

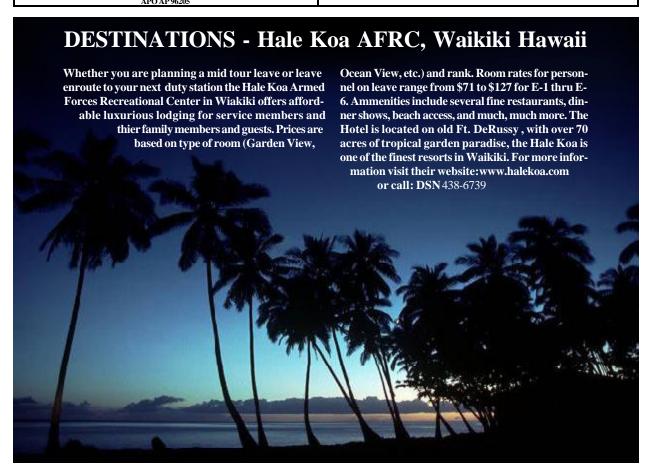
18th MEDCOM Public Affairs EAMC-PAO, Unit 15281 APO AP 96205





Retirement Social
May 6, 2004 1730-1845
Dragon Hill Lodge - Naija Ballroom

for more information call /37-3113



### ... the BACK PAGE



### \* ATTENTION \* Medical Service Corps Officers and Medical Specialist Corps Officers

You are cordially invited to attend the upcoming Silver Caduceus Society 2-day Officer Professional Development Program.

Day 1: 3 May 04 **Joint Medical Planners Workshop** at the Yongsan Multiplex Theater
Followed by a **Social** at the Mezzanine of the
Dragon Hill Lodge

Day 2: 4 May 04 **Staff Ride** to the Incheon Landing Site

The annual Army Emergency Relief Campaign is underway!! AER is the Army's own emergency financial assistance organization and is dedicated to "Helping the Army Take Care of Its Own". I have been appointed AER coordinator for 18th MEDCOM and am asking for your assistance in helping to raise funds for this year's campaign. The annual AER Campaign is in progress army wide, 1 Mar to 31 May 04; however, 18th MEDCOM's Campaign is held from 15 Mar to 15 May 04.

We are soliciting all subordinate 18th MEDCOM units for contributions across the peninsula and need your assistance in making this years's AER Campaign a successful one.

Thank-you for your contributions, and if you have any questions you may contact SGT Robinson at 738-4742 or 2LT Freeman at 736-

### 18th MEDCOM VOTING OFFICERS

18<sup>TH</sup> MEDCOM

ILTJORGE LOPEZ

MSG HOWARD GALLOWAY

121<sup>ST</sup> GENERAL HOSPITAL

CPT MICHAEL MOHAMMADI

CPT KENNEDY MBAJONAS

16<sup>TH</sup> MEDLOG BATTALION

2LT JAVIER TREVINO

52<sup>ND</sup> MEDICAL BATTALION

SFC BILL JOHNSON

168<sup>TH</sup> MEDICAL BATTALION

2LT CARRIE CAMPBELL

106<sup>TH</sup> VET SERVICES CPT MICHELLE JEFFERSON 618<sup>TH</sup> DENTAL COMMAND 2LT HAROLD MCDONALD

Himmondfaction Assistance Course of Spauroret by 19th MLUCOM and for Jitch Para Nil Medical and Surates and edited and the Micro Cadroone Section.



26-27 & 25-30 April South Post, Multiplex Pleater CA Tour eser sations, call 737, 5010



Friday 21 May and Saturday 22 May

Camp Walker Airfield From 5:30 pm on 21 May to 2:00 pm 22 May

Join the Tragge conversity in a fam filled oversight event to calchate survivors and love ones and mise aversaces about conver. Participants walk jug oversa laps—keeping one macher on the track, at all times.

Registration deadline is 15 May 2004

### SIGN UP TOWAY

Tume Aggintentium 91,37 Patternim, 744 1791 m 1911 9977 0134 Larry patterson & Loranie ddinney, mil or CPT Phil Christy, 764-9217 014-9972-9443 - phillip alminiy & home addings, mil

### **Chaplain's Retreat to Mount Sorak**

Retreat Itinerary Katusa, Civilian employee only.Costis\$30.00donation Arrive at the Hotel Sorak Park Unification Observatory Tower Tour KATUSA's only. BBQ Kalbi dinner with rice Daepo Fish Market Tour General Hospital Chaplains office at 737-5000/4335 or email for the 2<sup>nd</sup> Day Breakfast Morning Tours: Kwongum Castle John.Ocasio@Kor.amedd.army.mil Departure time from 121GH Parking Lot Area at 0730 o Friday bring your military I.D. Ca and 18th MEDCOM I.D. Card on the 21th, May 2004 Arrival back at Gate 17 o Flying Dragon waterfall
Lunch-Buffet ck-out hotel by 1 PM and Saturday 22 May, 2004 about back to Seoul All personal participating in the event are required to begin and end the trip as a group. Be prepared to dress for rain and cold weather.